



CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on Sept 30, 2005.

Anne Antonoff
Anne Antonoff

In Re Application of:

William L. Betts

Serial No.: 09/777,213

Filed: February 5, 2001

Confirmation No.: 3031

Group Art Unit: 2133

Examiner: Joseph D. Torres

Docket No.: 061607-1490

For: **Interleaved Generalized Convolutional Encoder**

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal
Change of Correspondence Address
Third Response (With Amendments)

Further, the Commissioner is authorized to charge Deposit Account No. 16-0255 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 16-0255.

202133



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|---|----------------------------------|
| AMENDMENT TRANSMITTAL LETTER (LARGE) Applicant(s) William L. Betts | Docket No. 061607-1490 |
|---|----------------------------------|

| | | | | |
|---------------------------------|--|-------------------------------------|---------------------------------|-------------------------------|
| Serial No. 09/777,213 | Filing Date February 5, 2001 | Examiner Joseph D. Torres | Confirmation No. 3031 | Group Art Unit 2133 |
|---------------------------------|--|-------------------------------------|---------------------------------|-------------------------------|

Invention: **Interleaved Generalized Convolutional Encoder**

**Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450**

Transmitted herewith is Third Response (With Amendments) in the above-identified application.
 The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
|--|--|--|--|--|-------------------|
| TOTAL CLAIMS | 24 - | 77 = | 0 | X \$50.00 | \$0.00 |
| INDEP. CLAIMS | 2 - | 8 = | 0 | X \$200.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | \$360.00 | \$0.00 |
| EXTENSION FEE | 1 ST MONTH <input type="checkbox"/> \$120.00 | 2 ND MONTH <input type="checkbox"/> \$450.00 | 3 RD MONTH <input type="checkbox"/> \$1,020.00 | 4 TH MONTH <input type="checkbox"/> \$1,590.00 | \$0.00 |
| Other Fees: | | | | | \$0 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0 |

- ☒ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 16-0255.

Karen G. Hazzah, Reg. No. 48,472

Sept. 30, 2005
 Date